

AMENDMENT TRANSMITTAL LETTER				Docket No. 09857/0203535-US0	
Application No. 10/560,179-Conf. #7982		Filing Date December 9, 2005		Examiner Deirdre R. Claytor	
				Art Unit 1617	

Applicant(s): Shigeru Akasofu et al.

Invention: NEUROCYTE PROTECTIVE AGENT

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	2	- 29 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Request for Continued Examination Request for Extension of Time (3-months)					\$810.00 \$1050.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					\$1860.00

☒ Large Entity ☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

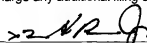
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☒ Payment by credit card.

☒ The Director is hereby authorized to charge and credit Deposit Account No. _____ 04-0100
as described below.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.



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